

M. Mearns

HOMŒOPATHY: 12.

Its Present State and Future Prospects.

BEING THE

PRESIDENTIAL ADDRESS,

DELIVERED AT THE

BRITISH HOMŒOPATHIC CONGRESS,

Held at Malvern, September 11, 1879.

BY

RICHARD HUGHES,

L.R.C.P. Ed.; Hon. M.D. of the Homœopathic Colleges of New York, Philadelphia and St. Louis; Honorary Member of the American Institute of Homœopathy, and of the Société Médicale Homœopathique de France; Président d'honneur of the Société Homœopathique Belge; Fellow of the British Homœopathic Society; One of the Medical Staff of the London Homœopathic Hospital; and Lecturer on Materia Medica and Therapeutics in the London School of Homœopathy.

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GENTLEMEN,—The consideration of how I should, from the chair in which your honouring suffrages have placed me, inaugurate this, the tenth of our Annual Congresses since their revival, has much exercised my mind. The addresses of those who had preceded me as presidents of our gatherings were obviously the models I had to set before myself while endeavouring, *passu iniquo*, to follow in their steps. These have been of two characters. Sometimes, as with Dr. Drysdale in 1870, Dr. Black in 1872, Dr. Dudgeon in 1874, and Dr. Pope in 1877, they have been devoted entirely to what we may call the politics of our case,—our relations with the profession at large, the vindication of our attitude and the assertion of our rights. Sometimes, as when Dr. Madden addressed us in 1871, Dr. Sharp in 1873, and Dr. Gibbs Blake in 1878, their subject-matter has been purely scientific; while Drs. Bayes and Hayle, in 1875 and 1876 respectively, combined the two alternatives, and dealt both with the rationale of our method and with the duties of our position. My own inclinations would, I confess, have led me to handle the scientific rather than the political aspect of the matters, a common interest in which brings us together on these occasions. But it has seemed to me that in so doing I should hardly be fulfilling the functions of the office I hold. Those who read papers at our meetings may well handle the questions, theoretical and practical, which arise out of our daily work at the bedside and in the consulting-room. Your chairman, however,—he whom you have made your “Speaker” for the time—can best, I think, discharge his obligations by taking a wider and less particular view. We gather here as advocates of a special system of therapeutics, as members of a distinctive body. The condition of that

system, as to internal development and external reception ; the welfare and progress of that body ; the future prospects of either—thoughts on such points are necessarily present to our minds when we meet together once a year in Congress. As the committees you appoint bring you reports on the matters you have desired them to take in hand, so, I conceive, your President is most in order when he surveys for you the whole field of your interest, and tells you what he sees there. And to exposition he may well add criticism. His aim should be to draw from what presents itself its appropriate inference,—from this encouragement, from that warning, here to note deficiency which needs supplying, there to exhibit requirements met and responsibilities duly sustained.

And, gentlemen, if the occasion of our meeting prompts such considerations, still more imperatively are they demanded by the time at which we meet. There can hardly be a doubt that we stand at a crisis in our history as a school, at any rate in this country. Upon the wisdom with which we conduct ourselves during the next few years depends, humanly speaking, the future of the homœopathic method in British medical practice. The attitude of the profession towards it and towards us is growing yearly more anomalous, and is being felt to be so. The angry opposition which Hahnemann's reform excited forty years ago was hardly surprising. When the expectation that ere long the lancet would rust in its case was deplored as a lamentable heresy ;* when Medicine advanced to the combat with acute disease venesection in her right hand and mercurialisation in her left, robbing her patients of a good portion of their life-blood and then poisoning the remainder, how could any one be tolerated who affirmed (as Hahnemann did in 1822 †) that this entire antiphlogistic apparatus was superseded by the administration of small doses of *aconite*? But now that the lancet has rusted for many years ; now that bleeding is hardly known, and mercury rarely used save for syphilis, all ground for indignant reprehension of our practice seems to have been cut away. The anomaly has become greater still in the last ten years, which have seen the large adoption of the positive as well as the negative doings of homœopathy,—in which *aconite* has been acknowledged to be the great antipyretic Hahnemann said it was, and scores of similar

* See *Monthly Homœopathic Review*, xxi., 594.

† *Reine Arzneimittellehre*, 2nd edition, vol. i., Preface to *Aconite*.

remedies have been borrowed from the practice of his school. Men are feeling that they cannot any longer ignore the method which has borne such fruits, that they cannot persist in ostracising those whose only crime is that they follow it. There are many signs of such a change around us ; to some of them I shall direct your attention before I conclude. At present I mention its imminence only to clench my argument that this is no time for Archimedean abstraction in science, that it rather calls upon us for a statesmanlike consideration of our position and a sound estimate alike of its claims and of its duties.

The subject of my address is, therefore, *Homœopathy: its present state and future prospects*. Homœopathy is a *methodus medendi*, a rational as opposed to a merely empirical way of using remedial means. Every man, in prescribing a medicine, must do so either empirically or rationally. He is proceeding in the latter way when he has regard to the effect such medicine produces on the healthy body ; and there are only three possible uses to which he can turn these effects. He can employ the drug to excite them in his patient, either in the part itself when oppositely affected, or in another part ; or he can prescribe it when their similitude already exists in his patient. The first alternative is enantiopathy or allœopathy, according as the action sought is direct or indirect ; the second is homœopathy. It is in itself, as I have said, a *methodus medendi*, and nothing more. It has, indeed, from the circumstances of its history, become organised in a separate body of men, having institutions and organs, and bearing a distinctive name. But this is an accident. The homœopathy of whose state and prospects I have to speak is, in the first instance at least, the method itself. I propose to enquire into (1) its internal health and growth, its development among those who adopt it ; and (2) its reception by the profession and the public, the healers and the healed.

I. It is obvious that the first requisite for a rational mode of treatment, whose *ratio* is the relation between the physiological effects of drugs and the symptoms of disease, is that the former should be fully known. They are to be ascertained, like all other facts of nature, by observation and experiment—observation, in this case, of the accidental phenomena of poisoning and over-dosing, experiment with the drugs on the healthy body. How Hahnemann perceived this need, and enforced it by precept and example, I need not remind you. The ten volumes of pathogenesis he has

bequeathed to us, the record of the pure effects on the healthy of ninety-five medicines, are among the chiefest debts we owe to him. The primary evidence of life and health among those who follow his method is the cultivation of the same field.

Now the year in which we meet sees the conclusion of the grandest collection of pathogenetic material ever made, of a series of ten volumes compared with which Hahnemann's are as a sapling to an oak. You will all know that I refer to the *Encyclopædia of Pure Materia Medica* of my friend Dr. Allen, of New York. The enterprise which undertook this great work, the untiring industry which has carried it through and the success it has obtained themselves speak plainly of the zeal for the knowledge of drug action which burns to-day in the homœopathic ranks.

"The ancient spirit is not dead,
Old times, they say, are living there."

But Dr. Allen's volumes also show that the spirit has never been dead,—that from Hahnemann's time onwards the duty of increasing our knowledge of this kind has over been present to his followers, and has been faithfully performed. To many among us it must be quite a new discovery to find how much proving on the human subject has been going on, especially in Germany and America, since his death. The number of drugs whose physiological action we thus know has more than trebled; and the pathogenesies of the original series have been considerably enriched.

Dr. Allen's work is thus a precious symptom of the vitality of Hahnemann's method among those who acknowledge it. But there is another way in which it marks an epoch in the history of that method. It gives for the first time, to English-reading homœopaths at least, a complete collection of the pathogenetic material wrought out in our school. Till now it has been scattered through so many journals and special treatises that he who would possess it all must purchase a small library for the purpose, and must be no inconsiderable linguist. To-day, in ten volumes of moderate size and price, he can obtain, in his own tongue (I still speak for ourselves), the entire treasure. We may partly estimate its value by comparing it with the only work of the kind we have hitherto possessed, *Jahr's Manual*. I speak not so much of the greater completeness of the present *Encyclopædia*, as of its manner of presenting its material. *Jahr* gave us a mind-burdening, a heart-breaking list of bare symptoms, without hint of the manner

in which they were obtained or the subjects in whom they appeared. They were themselves but a selection from the original pathogenesies, our sole warrant for the choice made being the judgment of the compiler. Interspersed with them were numerous so-called "clinical symptoms," obtained by breaking up the features of cases reported as cured by the drugs into their component elements, and sowing these in their appropriate plot in the schema. This hideous composition, which has been fitly styled "nonsense made difficult," was for many years the only general *Materia Medica* available for homœopathists of the English speech, the only groundwork of our prescriptions, the only text-book for our students. Compare it with what we have now. To every symptom Dr. Allen gives us (none but physiological ones being admitted, and none of these omitted) a number is attached, which refers to the observer who warrants it. Appended to his name is a statement, whenever such information is to be had, of the form and dose of the drug used, and the subjects to whom it was administered. The thousands of symptoms cited by Hahnemann from authors have received all possible illumination and revision from their original sources. I have indeed myself had the pleasure of contributing this last portion of Dr. Allen's *opus magnum*; but it is due to him to say that he has furnished, at his own expense, the means necessary for the performance of the task. Whatever assistance he has received, his has been the burden of the work, and his must be the glory. I feel sure that when he visits us in 1881, as he promises to do, he will find us not insensible of what we owe to him.

We may thus be fully satisfied as to the quantity of our pathogenetic material, and its present availableness for our use. It is with much more chequered feelings that we entertain the question of its quality. For a long time we had received the symptom-lists of Hahnemann and his immediate successors with undoubting faith, as true physiological effects of the several drugs; and only a less unlimited credence has been given to every subsequent contribution to the *Materia Medica*, purporting to be the result of provings on the healthy. The examinations, however, which have been conducted by Wurmb, Roth, Langheinze and myself into the way in which Hahnemann took symptoms from authors, have shown a mode of proceeding on his part which none could tolerate in the present day, and have cast a cloud over a large part of his

work. The earlier provings of the *Reine Arzneimittellehre*, conducted with substantial doses on the healthy body, remain of undoubted value; but the pathogenesies of the *Chronischen Krankheiten*, which consist mainly of the supposed effects of the medium and higher attenuations on patients taking them, cannot be accepted without further warrant. The carrying out of his rule,* moreover, of accounting every new symptom appearing in an individual taking a drug, be he sick or well, to be an effect of that drug, has led to a vast amount of self-deception on the part of provers. Dr. Hamilton shewed us, some eight years ago,† how many slight deviations from the norm will occur in a man presumed healthy, who notes his own feelings and doings for a few days. Dr. Conrad Wesselhæft, of Boston, has recently shewn the same thing on a larger scale by a crucial experiment. Having to conduct a reproving of *carbo vegetabilis*, he began by furnishing his fellow-workers with a number of blank powders of sugar of milk. No inconsiderable array of symptoms were reported to him as the result of the ingestion of these placebos, before a single particle of the drug had been absorbed. Except, therefore, in provings where care has been taken to eliminate this source of error, or in those where sufficient medicine has been employed obviously to disturb the health, we must accept the results reported with considerable reservation, and use them cautiously and tentatively until they have been clinically verified.

Apart, then, from the palpably absurd experiments which have furnished some of our symptomatology, and the actual lies of such pathogenesies as Houtat's, we have a good deal in our *Materia Medica* which is far from being trustworthy. We are not therefore to resign ourselves to scepticism and neglect of it. It contains also plenty of honest, solid work, which has stood the test of many decades of practice, which has led to abundant success in the past and still serves us well to-day. The duty our knowledge of its imperfection lays upon us is that we do not use it uncritically, esteeming all its constituents alike, and assuming their validity because they are there. A loose practice has grown up of saying that a medicine "has" such and such a symptom, or that "we find it under" the drug—no discrimination being exercised as to how the medicine obtained the symptom, or how the latter found

* *Organon*, § cxxxviii.

† See *British Journal of Homoeopathy*, xxix., 565.

place under its name. The evil has been greatly increased of late by the appearance of symptom-codices in which "clinical" are mixed up with pathogenetic symptoms, the signs of distinction used by Jahr being either carelessly distributed or avowedly omitted. All this leads to a bad, confused, often false conception of the action of drugs, which is very injurious both to belief and practice, and would never stand the criticism of opponents. The use of Dr. Allen's *Encyclopædia* will remove all temptation to it. None but (presumably) pathogenetic effects of drugs are contained in it; and the reference of these to their sources, and the information to be had there and elsewhere as to the character of the sources themselves, make the wholesale employment of its symptomatology without excuse. It renders still further service by printing in special type those symptoms which have appeared in several provers of a medicine, and also those which have repeatedly disappeared under its curative influence,—which thus have stood to some degree the test of verification.

After the *Materia Medica* itself, the work most urgently demanded by the homœopathic method is the cultivation of our means of applying it; and of these the most important are the indices we call "Repertories." Hahnemann himself showed his sense of their need by appending a very complete one to his *Fragmenta de viribus medicamentorum positivis*; and many similar endeavours have been made in Germany, France and America to index the *Materia Medica* as it has grown. We in this country have been somewhat late in the field; but we have tried to make up for our delay by aiming at a fulness hitherto unattempted. The Repertory of the Hahnemann Publishing Society, now steadily progressing on its way, presents every symptom in full under every category in which it could reasonably be looked for. It effects this without intolerable bulk by an ingenious system of cypher, which, though it has frightened many away from using it, is admitted by all competent judges to be of inestimable value. That the symptoms should always be presented in their completeness is an obvious advantage, and in no other way could this have been done. At the same time, as has been pointed out, the Repertory can be used like other works of the kind, without any employment of the cypher whatever; while those who seek the "counsels of perfection" in this matter can do so by mastering its (very moderate) difficulties. I think that all who know the

importance of having a good index to the *Materia Medica*, and the labour involved in forming one, will acknowledge that the Hahnemann Publishing Society has deserved well of the republic. It is about, as we shall learn this afternoon, to add to its services by giving us a new translation of Hahnemann's *Reine Arzneimittellehre*, to replace Hempel's very imperfect version; and when I say that the work is being done by the pen to which we owe the *Organon* and the *Lesser Writings* of the master—that of our honoured colleague Dr. Dudgeon, I am sure you will all look forward to its appearance with pleased anticipation.

So far I have been speaking of the homœopathic method as its author himself conceived it, as proceeding by a comparison of totality with totality of symptoms which has been aptly compared to a photographer's reproduction of a landscape. It often happens, however, that no such precise parallelism between disease and drug-action can be secured, and that we must proceed rather in the way of the artist; whose point of view, moreover, is in my judgment always necessary as an adjunct, and sometimes, at least, preferable as an alternative, to that of his more mechanical colleague. For this purpose a different class of works is required. We want commentaries on the *Materia Medica* and studies of special drugs, which shall illuminate their working from the lights of toxicology, of experiment on plants and animals, and of clinical experience, thus enabling us to get at their seats and kinds of action. We want treatises on therapeutics, in which the subject shall be approached from the side of disease, in which enquiry shall be carried out as to *what* homœopathy can do in the various recognised morbid conditions, and *how* it does it. I think we may congratulate ourselves that this field, too, has received no inconsiderable cultivation. The Hahnemann Publishing Society has worked here also, in its monographs on drugs; and it promises us one day a *Therapeutic Repertory*. Of my own humble labours of the kind it would not become me here to speak, save to express my thankfulness for the measure in which I have been enabled to be useful to my colleagues and to our common cause. But it suffices to mention the treatises on pharmacodynamics of Testo, Espanet, Hempel, Hale and Dunham, and those on therapeutics of Bähr, Kafka, Ludlam and Jousset, to show that we are not unmindful of the more general aspects of medical practice. The "*Studies in the Materia Medica*" of Dr. Dyce Brown, the treatises on *Natrum muriaticum* and *Aurum*

of Dr. Burnett, and the "Lectures on Diseases of the Ear" of Dr. Cooper are recent indigenous works of the same kind which must not be passed over without honourable notice.

Resort has been had by another class of physicians to a different kind of aid in the treatment of cases to which the method by totality of symptoms will not apply. Hahnemann long ago taught* the importance of securing resemblance above all things in those symptoms peculiar to each drug as an individual, which may be called its "characteristics." Carroll Dunham laid stress on the same point, recommending the committal to memory of all such distinctive features of medicinal action.* These characteristics have of late assumed a very important place in the minds of a number of our practitioners, of whom Dr. Henry Guernsey, of Philadelphia, is the best representative. They have become in their hands the basis of a "key-note system," which, though purporting to be only ancillary to Hahnemann's way of procedure, practically takes its place. If, they say, the characteristic of a drug—as the "fan-like motion of the *alæ nasi*" of *lycopodium*—is present in a patient, the rest of his symptoms will, in all probability, be found in its pathogenesis. Such a statement is unexceptionable. But when we examine the practice of these physicians, as reported by themselves, it is evident that the further enquiry just mentioned is regarded as of quite secondary importance, and that its negative result does little to outweigh the presence of the "characteristic." This is not merely suggestive, but determining: let the "key-note" be sounded, and we may take for granted that disease and drug will play the same tune. I need hardly argue that such an assumption is somewhat perilous, and that a procedure based upon it is but imperfect homœopathy, still more so than that which has received so much censure under the title of "generalisation." Nevertheless, as both the one and the other *may* lead to the object of our search, which is the pathological simile, either should be cultivated; and as we welcome the studies of the physiologically-minded among us in pharmacodynamics and therapeutics, so let us give due credit to those who, like Hering and Guernsey, rather cultivate symptomatology, and seek to give us characteristics. A good many well-established features of this nature are now floating about in our literature, and their collection into a single volume

* *Organon*, § cliii., cliiv.

Homœopathy the Science of Therapeutics, pp. 33—38.

may be commended to their advocates as a service they can render to us all.

The third desideratum of our system, after a *Materia Medica Pura* and facilities for applying it, is the study of the method itself—of the principles it involves, of the best mode of working it, and of the rationale of its efficacy. Hahnemann's *Organon* is devoted to this enquiry; and Dr. Dudgeon's lectures show us how earnestly it was pursued by the early converts to his views, especially in Gormany. In later times, and in our own tongue, its chief cultivators have been Dunham and Madden, Sharp and Drysdale. The first two have been taken from us (all too soon!), the one by death, the other by disablement; but their works still survive, and do follow them. The two last we are happy to reckon among us yet, serving alike for ornament and for use. Dr. Sharp has elaborated a theory of homœopathy which, though it seems to me insufficient to embrace all the facts of the case, is doubtless true as far as it goes; and is so clear, intelligible, and credible that it bids fair—as we shall see presently—to secure an admission for our law among many who have hitherto rejected it as absurd. Dr. Drysdale has sunk a deeper shaft into the subject, and the final result of his researches has not yet been given us. That which he has already written upon it, however, is so weighty with thought and luminous in perception, as to constitute one of the richest treasures our literature possesses; and I hope we shall not long have to wait for more.

II. Our enquiry as to the health of homœopathy, regarded in itself, has thus received a favourable answer. Abundant material and apparatus for working it has been provided, and no lack of thought has been spent upon its working. It is its own fault, or that of its followers, if it does not achieve as much success as in the nature of things is possible. We have next to ask, what progress has been made in its reception by the profession and by the public?

In the latter quarter we have nothing of which to complain. The number of persons in this country who prefer homœopathic treatment is immense, far exceeding the supply of practitioners who can give it them, and only waiting the multiplication of these to increase at a still greater rate. It has been so in every region where the new system has made its way; and if a medical as well as a religious census were taken everywhere, I apprehend that the proportion of dissenters of this kind from the estab-

lished faith would come as a surprise upon many. Nor is such testimony to its value to be despised. High-sniffing Pharisaism may say, This people, that knoweth not the law, is accursed; but the present instance is not one where ignorance of processes vitiates the judgment of results. As Dr. Garth Wilkinson once said, people know whether their boots fit or not, however little they may be acquainted with the mysteries of shoemaking. But I dwell not on this; our deepest interest, as members of the medical profession, is in the reception of the truth we uphold by the body to which we belong.

I need hardly recall to your minds the history of that reception up to within the last few years. At first, from men like Hufeland,* Brera,† Trousseau,‡ and Forbes,§ it received a criticism worthy of it and of them. They examined it on its merits, gravely and dispassionately as men of science should do, respectfully towards their colleagues its advocates, not without sympathy with their aims and appreciation of some features in their movement. But side by side with this dignified conduct on the part of the leaders of the profession, there gathered and broke in its rank and file a storm of anger to which the history of medicine affords no parallel. The Brighton meeting of the British Medical Association in 1851, with its celebrated resolutions; || the expulsion of Tessier and his *élèves* from the Paris Anatomical Society in 1856, in company with a member convicted of an infamous offence¶—these were specimens of the intolerant hatred which the system everywhere excited. Homœopathy as a method was fiercely rejected, and its disciples suffered professional ostracism.

That a serener hour has now descended, at least in English latitudes, we must all feel. The tacit withdrawal of the Brighton resolutions by the British Medical Association, when submitting its bye-laws for lay sanction; the admission to membership of the Midland Institute at Birmingham of avowed homœopaths; the more liberal views expressed in the debate on that question, and by many individual practitioners in the medical journals; the greater amenity of social intercourse—all these things are signs of a change for the better, which we hail as much

* See translation of his essay in *Brit. Jour. of Hom.*, xvi., 177.

† *Ibid.*, vi., 278.

‡ *Traité de Mat. Méd.*, Introduction.

§ *Med. Chir. Review*, 1846.

|| See *Brit. Jour. of Hom.*, ix., 649.

¶ See *Ibid.*, xiv., 490.

for our brethren's sake as for our own. Again, in 1872 the physician who occupied this chair—Dr. Black—had to say, “Even now a journal whose *raison d'être* is the poverty of therapeutics, and which in its preface states ‘the science of healing has remained very nearly where it was when Rousseau exclaimed, *Laissez-moi mourir, mais ne me tuez pas*,’ dares not admit an article written by anyone who believes that the homœopathic law fills up the gap in therapeutics.” It is not so now. The journal in question—you will know that the *Practitioner* is meant—has not long ago printed practical communications from our colleagues Drs. Flint and Edward Blake, and within the past year it has allowed Dr. Sharp to expound homœopathy (as he conceives it) at some length in its pages.

We rejoice, I say, at all these things; but we must not make too much of them in relation to the general acceptance of our system. Most of those who have taken our part in the recent discussions have treated homœopathy as a folly, though they have refused to allow that the adoption of it is a crime. Nor must we lay too much stress, in this aspect of it, on the phenomenon which has deservedly attracted so much comment,—the wholesale appropriation of our remedies which has been going on during the last ten years. Such imitation is indeed the sincerest flattery; and we are bound to claim the testimony it bears to our method, to the bird (let them call it a goose if they will) that lays these golden eggs. But the flattery and the testimony are often unconscious, and nearly always voiceless. The bits of practice taken from us are promulgated and adopted merely as empirical measures, or their obvious homœopathicity is veiled under other phrases—the “tonic action on the sympathetic” of *ipecacuanha* in vomiting, the “two circles in the water neutralising one another” of *belladonna* in febrile conditions. It is a different thing, indeed, when a New York physician* says to his colleagues: “In two cases of urticaria, where the affection had lasted for two or three months, unsubdued by the usual treatment, it occurred to me to prescribe drop-dose of *copaiba* three times daily. *The theory of the treatment was founded upon a desire to test the value of the similia similibus curantur principle.* These cases yielded most gratifying results, and since then I have treated numerous cases in children with a like success.” If such

* Dr. Dessau. See *New York Medical Record*, July 28, 1877.

language could often be uttered without fear, and heard without reprobation, we should feel that a great step forward had been made towards the recognition of the validity of our principle of selecting remedies. At present, however, it remains almost, if not quite, solitary. It is from another quarter that light seems appearing, to which I would now direct your eyes as promising a bright future for the place of the law of similars in professional estimation.

All through the history of homœopathy, those who have thought about the rationale of its curative process have been disposed to consider that this is really antipathic, that the apparently similarly-acting medicines are actually contraries. Hahnemann* conceived of this result as following from the reaction they set up, which, as their action was in the same direction with that of the disorder, must of course be opposite to it. Fletcher,† recognising the same primary actions and secondary reactions in the effects of drugs, considered that they also obtained in disease, inflammation being often its basis, and always its type, and this consisting in contraction of the capillary vessels followed by their dilatation. The secondary stage of the process was that most apparent, both in idiopathic and in drug-disease, the primary being latent; but when what thus seemed to be similarly-acting remedies were given, their primary and opposite influence was exerted, and, this serving to restore the part to its normal state, the action (unless an excessive dose had been administered) went no farther. Fletcher's theory of homœopathy has always found great favour among its British followers, and it has had the advantage of the distinguished advocacy of Dr. Drysdale and Dr. Dudgeon. In 1873, Dr. Sharp propounded‡ from the place I now hold the thesis that the explanation of homœopathic action lay in the fact that drugs had an opposite action, according as they were given in large or small doses; and thus, as our pathogenesies were obtained with the larger doses, and our curative results with the smaller, our remedies were necessarily opposed to the morbid state which their physiological effects resembled. It was at once pointed out§ that such opposite effects of different doses were, so far as they existed, manifestations of the primary and secondary

* *Organon*, § xxix.

† *Elements of General Pathology*, p. 485, *et seq.*

‡ *Monthly Homœopathic Review*, xvii., 585.

§ *British Journal of Homœopathy*, xxxi., 755.

actions already recognised in drugs. To this older doctrine the newer one was affiliated by its most energetic advocates, the editors of the *Monthly Homœopathic Review*; and the connexion was admitted by Dr. Sharp himself in 1877,* when he allowed the existence of an intermediate range of dosage between his two extremes, by which first the action of the small, and then that of the large is developed. The whole doctrine (as regards pathogenetic action) has been summed up thus by another eminent supporter of it,—Dr. Jousset, of Paris:—†

“1. Every drug produces on the healthy subject two successive actions, the primitive and the secondary; and these are always opposite one to another.

“2. The stronger the medicine, the less marked is the primitive action; and if the dose is excessive, the secondary effect alone as a rule develops itself.

“3. The weaker the medicine the more predominant is the manifestation of its primary influence.”

I have been thus particular in tracing the history of these views in our own school, because they are being taken up in a remarkable way in the other camp, and it is well that their pedigree should not be forgotten. In 1868, Dr. Reith, of Aberdeen, arrived independently at Fletcher's doctrine of the primary and secondary action of drugs upon the capillary vessels, and began to expound his views in the *Edinburgh Medical Journal*. He was at once told that they were merely homœopathy under another name. At first he repudiated the identification, but, further enquiry convincing him of its truth, he fearlessly acknowledged the fact. He of course had to suffer the penalty of his honesty, and to go without the camp, bearing the reproach of the cause he had espoused. He was, however, only a few years too soon. In 1875, Dr. Lauder Brunton, Lecturer on *Materia Medica* at St. Bartholomew's, delivered himself thus in the *British Medical Journal*: “The opposite action of large and small doses seems to be the basis of truth on which the doctrine of homœopathy has been founded. The irrational practice of giving infinitesimal doses has of course nothing to do with the principle of homœopathy, *similia similibus curantur*: the only requisite is that mentioned by Hippocrates, when he recommends mandrake in mania, viz., that the dose be smaller than would be sufficient to produce in

* See *Monthly Homœopathic Review*, xxi., 658.

† *L'Art Médical*, xlv., 182.

a healthy man symptoms similar to those of the disease.”* On the death of Dr. Anstie, Dr. Brunton became editor of the *Practitioner*. In 1877, articles appeared in that journal from the pen of Dr. Rabagliati, surgeon to the Bradford Infirmary (surely a tendency to homœopathy is in the air of that institution!). They were entitled “Are there Therapeutic Laws?” and their aim seemed to be the demonstration that the apparently opposite effects of large and small doses were due to the primary and secondary actions of drugs, and their various development thereby, these actions themselves being to his mind the most important fact in therapeutics. The ingenious author was of course entirely unaware that the same views and reasonings were household words in our own school. In 1878, a better informed writer, Dr. James Ross, physician to the Royal Infirmary at Manchester, was allowed to publish in the same journal an article containing the following sentences: “No one who is competent to form an opinion can deny that one or two of the principles lying at the foundation of this” (the homœopathic) “system are fundamentally true. These principles are what may be briefly termed the local action of medicines, or the elective affinities of tissues, the double action of medicines, and the opposite effect of large and small doses.” Finally, the editor himself, in a note to the series of papers by Dr. Sharp advocating the same views, whose admission to his pages I have already mentioned, expresses himself thus:† “We have published these papers of Dr. Sharp’s because they direct attention to a most valuable means of forwarding therapeutics, viz., the investigation of the action of drugs by experiments with them on healthy persons. While we learn the *modus operandi* of drugs chiefly from experiments on animals, there are minute points in their action which can hardly be learned except by observations on man; and we hope that many young students and practitioners of medicine may be induced to take up the study, and thus further medical science. As there are many drugs which in small doses will produce an action the contrary of that which they produce in large ones, it is evident that homœopathy and antipathy are one and the same thing as regards drugs, and differ only in dose.”

Now I cannot say how far the language of Drs. Brunton, Ross, and Rabagliati would be endorsed by their colleagues

* *Experimental Investigation of the Actions of Medicines*, part i., p. 12.

† *Practitioner*, June, 1879.

in general. They seem, however, to be fairly representative men, and no one has come forward to protest against the admissions they have made. What, then, is the situation? On the one side are a body of men, guided by the homœopathic law of selection, but explaining the effects of remedies so chosen by the actions and reactions of medicines, and the opposing influence of varying dosage, so as to make them really antipathic within the system. On the other side we have these doctrines accepted as true in themselves, and as veritable explanations of apparently homœopathic action. We have only one thing more to do to win our cause, viz., to convince those who go so far of the boundless practicability and fruitfulness of the homœopathic method, if only they will commit themselves trustingly to it. For, in truth, this is the really important thing. It matters little, as we all acknowledge, how we explain the law of similars; whatever be its rationale, we know its truth. If, then, the explanation now current commend our method to those who have hitherto refused it, render it reasonable and admissible in their eyes, what is it if to some (and myself among the number) it seems to give a wholly inadequate account of the facts? We must say so, but we may be wrong; and in the meantime the facts themselves are true, the method no less precious though the theory affixed to it be disputable. Let us, then, put aside for the present all questions as to the rationale of our law; and devote our polemics to the one object of showing how well we may live by it, how largely it already holds good in the best medication extant, and how readily it converts to use all fresh knowledge of the physiological effects of drugs. Let this be understood; and homœopathy will take its due and unchallenged place among the methods of legitimate medicine, to the infinite help and comfort of suffering mankind.

I have left myself but little time to survey our position as a body, and our relation as such to the profession at large. I must ask your patience for a few minutes, however, while I submit to you certain considerations on this score.

Almost everything that I have hitherto said would be true and pertinent were homœopathy simply a creed, and not organized (as it were) into a church. But in all countries at this day we, its adherents, find ourselves a separate body of men, excluded from the privileges of professional fellowship, working in societies, hospitals,

journals, and schools of our own, known by the name of the system we confess. This is an obvious anomaly; and it may well be asked, how comes it about? Let me say at once that I think it useless to reopen the question of the original causes of the schism (for schism it is) in which we find ourselves. History must one day pronounce upon it, and we may well leave the decision to her impartial verdict. We have a strong conviction that, though there were doubtless faults on both sides, in the main we were not to blame. But, however it may have been then, there can be no doubt of the cause of our continued separateness now. It is because we are denied the liberty to which every qualified medical man has a right, and which he is bound to vindicate for himself—the liberty to practise according to the best of his judgment. When I say that we are denied it, I do not mean that physical force is put upon us, or that attempt is made to restrain us by action of the law. But Pericles has spoken,* and Mill written,† in vain, if these are to be esteemed the only fetters whereby man's freedom can be abridged by his fellows. Practise as you think best, it is said; but if your best thinking leads you to the system called homœopathy, we shall send you to Coventry. You shall enjoy no membership in the societies we have formed for mutual intercourse and improvement. If you are on the staff of any hospital, we will resign *en masse* rather than act with you. You shall not say a word in our journals, even where they profess "*audire alteram partem*." If any patient you attend requires our diagnostic or mechanical aid, you must resign the case ere we will render it. All public appointments, and the service of the army and navy, shall be closed to you; for we will not associate with you. Call you this liberty? It is not liberty; it is terrorism.

I think it very important, gentlemen, that we should insist upon this one cause of our isolation to the ignoring of all other considerations. An attempt is often made by our opponents to evade the real issue, and to represent us as excluded because of the irrational nature of our doctrine, or the sectarian character of our proceedings. Our reply on the first count is that it is entirely irrelevant to the question. We claim freedom, as qualified medical men, to do what commends itself to *our* judgment, not to yours. You may think our principles absurd: to us they are as reason-

* See Grote's *History of Greece*, ch. xlviii.

† *On Liberty*.

able as they are fruitful, and we demand the liberty we concede to all others—the liberty of putting them in practice without prejudice to professional fellowship. To say, you are free to do everything save what we consider irrational,—this is not to open our prison; it is but to lengthen the tether of our chain. We protest against all such interference with freedom as an injury to science, a bar to truth: we should protest were we not ourselves the sufferers, we should (as Montalembert said under similar circumstances) feel the gag in our own throats. And as to sectarianism—of course there have been black sheep among us, as there have been among you; but for the conduct of our main body you have no one but yourselves to thank. You have thrust us into separateness, and kept us there: we have only done what in such a position was befitting to men who knew the value of free discussion and full experience, who desired to promulgate their method and to practise it. Open your doors; make us free of the organisation of the profession at large; and if we do anything sectarian then, condemn and degrade us if you will.

We stand apart, then, because of the denial to us of the liberty which is our right. But I pray you to observe the consequence of the position thus taken up. It is, that should our liberty be conceded us, we must renounce our separateness, and resume the place in the body of the profession from which we should never have been extruded. I myself think that the signs of the times indicate such a consummation as not very far off. But be it far or near, sooner or later it must come, and we should be prepared for it. It would be a change not to be effected without some difficulties and perhaps some painfulnesses. We have lived so long shut up in our prison that its walls have seemed our natural limits, and its habits have grown part of our nature. Some of us, perhaps, like captives of whom history tells, may decline to go forth, and prefer to end their days in their accustomed seclusion. But we should be inconsistent with our principles if, as a body, we refused to avail ourselves of the rights we have demanded, when they were yielded to us. Once made free of the city of Medicine, it will behove us to play our part in its civic life.

I go farther, and maintain that we should be untrue to our cause if we did otherwise. I believe that the greatest hindrance to the consideration of homœopathy on the part of our old-school colleagues is the existence of the homœopathic body. Its rival institutions, its competing practitioners

prejudice the system itself in their eyes, and keep up a bitterness against it which is quite out of place in a question of science. Our desire must be that it should leaven to the uttermost the practice of medicine, and acquire the confidence of the greatest possible number of medical men. With this view, we must heartily welcome the obliteration of distinctions which keep men apart from one another, and too often cause the subject to be viewed in that *lumen madidum* of passion which Bacon deprecated, instead of the *lumen siccum* of unclouded reason. If our cause can best be served by our individual extinction, or rather absorption into the common mass, let us not shrink from any self-abnegation that may be required.

Nor need we doubt that here, as elsewhere, to lose our life may be to gain it. Though we are not the cause of the schism which isolates us, we are the sufferers from it. The dangers which haunt all small societies, gathered round a special principle, and withdrawn from the main current of the life of the body from which they are separated, do press sorely upon us. We all know how among men so situated narrowness of sentiment and exclusiveness of view is almost inevitable; how rife are personalities, rivalries, jealousies, how vehement controversies about the details of the common faith. In such associations those disproportions come to prevail which have given rise to the figure of the triton among the minnows, and the proverb *parmi les aveugles le borgne est roi*. And when, as here, there is bread-winning connected with the questions at issue, there is the additional peril that the standard may be joined for the sake of gain, that men may trade on the distinctive name and position taken up. I am sure that we homœopaths cannot claim to have been exempt from the evils thus incident to our situation. See with what bitterness we conduct the discussion between the two sections into which such a body must needs fall, its *côté gauche* and its *côté droit*, those who cultivate exclusively and to the utmost the method of Hahnemann, and those who seek to harmonise it with general medicine. Such a division has existed among us in every country, and it has involved us in continual warfare. See how difficult it is for us to unite in any common course of action. The storms which have raged around the cradle of the London School of Homœopathy are only a recurrence of those which marked the early days of the British Homœopathic Society and the London Homœopathic Hospital. I may be pardoned for

expressing the hope that it may also imitate them in surviving the perils which threatened to wreck its infancy, and attaining a vigorous and useful maturity. I am afraid, too, that we are not altogether free from narrowness. Indeed, to hear some among us talk, it would seem as if homœopathy (at any rate in their hands) could cure everything, and no other way of proceeding could cure anything. To deliver us from these faults, we need the freer air and less dense aggregation we should obtain by being transferred from our little encampment into the general array of the profession.

It will require, indeed, much wise deliberation to accomplish the transition without rude harm. There must be due regard paid to vested interests, and much tenderness exercised in dealing with existing ties and expectations. It may be that no very great changes will be required, at any rate at first. It will be a long time before homœopathy becomes to all the guiding star of therapeutics; for many years it is likely to be followed, as a dominant rule, by the few only. There may still be place, then, for some "Hahnemann Society," where, under a name which could repel none who love the art of healing, his method may receive both cultivation and criticism. Some "Journal of Specific Therapeutics" may still be required, in which there shall be secured due space for the essays and records illustrative of our system. For the same reason our School may continue to perform its functions, unless these should be transferred to chairs of homœopathy set up in the halls of medical instruction. The most difficult question is that of our hospitals and dispensaries. In maintaining them in existence, however, we should have the precedent of the Temperance Hospital. This has been established at the instance of those who believe alcoholic stimulants to be at least unnecessary in the treatment of disease, and for the benefit of the poor who may elect to be so treated. Its physicians and surgeons, in accepting office there, pledge themselves to nothing beyond a general acceptance of the principle; they do not bind their hands to any absolute abstention from alcohol, if in their judgment it should become necessary. The staff of a homœopathic hospital take up a precisely parallel position; and these should not, any more than those, incur odium thereby. We have here, moreover, to consider the interests of the public as well as of the profession, and especially of its poorer portion. It will be easy enough for the well-to-do to find practi-

tioners who will treat them homœopathically, especially as the peculiarities of our pharmacy will always require the existence of distinctively homœopathic chemists. But how are the multitudes of the poor who prefer our treatment to obtain it, unless there are charitable institutions devoted to its practice? For them, therefore, if for nothing else, it would seem that our hospitals and dispensaries must be retained.

In thus speaking I am contemplating the future; but if our institutions are, in some shape, to survive the change of reunion, how much more necessary are they now! Let us, while we stand as we are, loyally support them. Let there be no individual secessions, no abstention because one is in a minority. Let us all stand firmly in our ranks, doing our duty where Providence has placed us, until the time comes when as a body we can revise our marching orders, and make what changes are necessary in our organisation.

I know not, gentlemen, how these thoughts may commend themselves to your minds, whether the prospect of the absorption of our distinct existence is as bright a one to you as it is to me. I would fain hope that it is so; and I believe that in welcoming it I am only using similar language to that which has repeatedly been heard from this chair. There has reached me, indeed, some characterisation of this attitude of mind as a "hanging on to the skirts of allopathy." The phrase is as inaccurate as it is harsh. "Allopathy"—more properly "allœopathy"—is a method of drug selection, distinguished from enantio-pathy and homœopathy; the term is quite a misnomer when applied to the practice of the old school, which professes allegiance to no principle, and employs this particular one no more largely than others. It is not "hanging on to the skirts" of any system for which we yearn, but reunion with the great and noble profession of medicine, which for many ages has toiled for the public weal, whose whole past we inherit, and in whose whole present we ought to share. One caution only I must add; and that is that it is not for us to take any step towards the reconciliation we nevertheless so devoutly desire. We cannot do so without misunderstanding. There must be no excuse for saying that we have "hailed down our flag:" when we evacuate the fort we have so long held it must be with all the honours of war, without the surrender of a weapon, with drums beating and colours flying. It was

the failure to recognise this necessity, even more than the unguarded language employed, which rendered so injurious the action taken by our well-meaning colleague Dr. Wyld two years ago. Happily, no voice was raised from our ranks except to repudiate his motion, and it fell to the ground for want of a seconder. We can now without danger sympathise with its object; but let us be warned against its way of compassing the same. The true note was struck by Dr. Hayle in 1876, when he compared our position to that of St. Paul in the dungeon of Philippi. "Let them come themselves and fetch us out." It was from no pride that the Apostle spoke thus, no unwillingness to overlook the wrong done him. But the rights and immunities of Roman citizenship had been violated in his person; and he owed it to them, and to those who shared with him in them, not to condone the offence. We too, for like reasons, having testified our readiness to receive overtures of peace, and laid down the grounds on which alone we can make it, must wait the action of the other side. It may not come in your time, our fathers, who have hitherto presided over these Congresses: even we may not see it, the second generation, who are now in succession occupying your place,—though I hope that we shall. Our children, however, it will assuredly visit. For them we may safely anticipate the time when the name homœopathy shall no longer denote a persecuted sect, but a faith and practice recognised universally as legitimate and largely as true; when the antagonisms of to-day shall have ceased to separate between brethren, and all shall be united in the generous emulation as to who shall do most good to the objects of their care.

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